

2227887

Registered Mail

December 2, 2011

Director, Air and Waste Management Division
US EPA
Federal Office Building
26 Federal Plaza (Foley Square)
New York, NY 10278

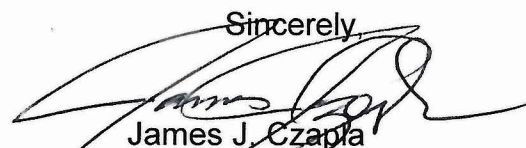
Re: Annual Asbestos Notification for 2012

Dear Sir or Madame:

Attached is the annual notification of demolition and renovation for planned non-scheduled asbestos renovation for calendar year 2012.

If you have any questions contact please feel free to contact me at (716)-278-7534.

Sincerely,


James J. Czapla
Environmental Engineer

Attachment

cc: NYSDEC, Albany attention: Division of Air Resources



Occidental Chemical Corporation

P.O. Box 344
Buffalo Avenue and 47th Street
Niagara Falls, New York 14302-0344
716/278-7777
Asbestos notification annual 2012

Notification of Demolition and Renovation

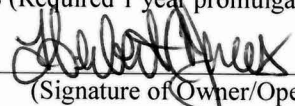
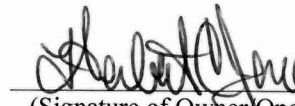
I. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)			
OWNER: Occidental Chemical Corporation			
Address: 4700 Buffalo Avenue			
City: Niagara Falls	State: NY	Zip: 14302-0344	
Contact: James J. Czapl	Tel: 716/278-7534		
REMOVAL CONTRACTOR: Frontier Insulation Contractors Inc.			
Address: 2101 Kenmore Avenue			
City: Buffalo	State: NY	Zip: 14207-1695	
Contact: Mark Jeffery	Tel: 716/874-6470		
OTHER OPERATOR:			
Address:			
City:	State:	Zip:	
Contact:	Tel:		
II. TYPE OF NOTIFICATION (O=Original/R=Revised): O - Annual Notification			
III. TYPE OF OPERATION (D=Demolition/R=Renovation): R			
IV. IS ASBESTOS PRESENT: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
V. FACILITY DESCRIPTION (Include building name, number and floor or room number)			
Building Name: General Plant site			
Address: 4700 Buffalo Avenue			
Address:			
City: Niagara Falls	State: NY	County: Niagara	
Site Location:			
Building Size:	SqMeter:	SqFt:	# of Floors:
Present Use: Manufacturing Facility		Prior Use: Manufacturing Facility	
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: N/A			
VII. APPROXIMATE AMOUNT OF RACM TO BE REMOVED AND NONFRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW:			
		Nonfriable Asbestos Material Not to be Removed	
	RACM to Be Removed	Category I	Category II
Pipes – Linear Feet	*	<input type="checkbox"/>	<input type="checkbox"/>
Pipes – Linear Meters	*	<input type="checkbox"/>	<input type="checkbox"/>
Surface Area – Square Feet	*	<input type="checkbox"/>	<input type="checkbox"/>
Surface Area – Square Meters	*	<input type="checkbox"/>	<input type="checkbox"/>
Volume RACM Off Facility Component – Cubic Feet	*	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Volume RACM Off Facility Component – Cubic Meter	*	<input type="checkbox"/>	<input type="checkbox"/>
VIII. SCHEDULED DATES OF ASBESTOS REMOVAL (MM/DD/YY)		Start: 1/1/2012	Completion: 12/31/2012
IX. SCHEDULED DATES OF DEMO/RENOVATION (MM/DD/YY)		Start: 1/1/2012	Completion: 12/31/2012

Continued on Page 2

Cumulative total of all unscheduled removal may exceed 260 LF/160 SF /35 cu. Ft.

S:/NP/SafetyDepart/Asbestos...mr

Notification of Demolition and Renovation (continued)

X.	DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHODS(S) TO BE USED.		
	Potential removal of piping insulation, roofing, floor & ceiling tiles, etc.		
XI.	DESCRIPTION OF ENGINEERING CONTROLS AND WORK PRACTICES TO BE USED TO CONTROL EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:		
	Containment, negative air, wet method, hepa vacuum, glove bag		
XII.	WASTE TRANSPORTER #1		
	Name: Allied Waste (formerly BFI of North America, Inc.)		
	Address: 2321 Kenmore Avenue		
	City: Kenmore	State: NY	Zip: 14217
	Contact Person: Don Dwyer	Telephone: 716/614-3333	
XIII.	WASTE TRANSPORTER #2:		
	Name:		
	Address:		
	City:	State:	Zip:
	Contact Person:	Telephone:	
XIV.	WASTE DISPOSAL SITE:		
	Name:		
	Address: 56 th Street & Niagara Falls Boulevard		
	City: Niagara Falls	State: NY	Zip: 14304
	Telephone: 716/285-3344		
XV.	IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:		
	Name:	Title:	
	Authority:		
	Date of Order (MM/DD/YY):	Date of Order to Begin (MM/DD/YY):	
XVI.	FOR EMERGENCY RENOVATIONS		
	Date and Hour of Emergency (MM/DD/YR):		
	Description of the Sudden, Unexpected Event:		
	Explanation of How the Event Caused Unsafe Conditions or Serious Disruption of Industrial Operations:		
XVII.	DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER.		
	Glove bagging and wet removal or HEPA enclosure and wet removal, etc.		
XVIII.	I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THE THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS (Required 1 year promulgation)		
	 (Signature of Owner/Operator)		12/6/11 (Date)
XIX.	I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:		
	 (Signature of Owner/Operator)		12/6/11 (Date)